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ABSTRACT

This is a report of a governor's task force established to investigate alcohol abuse by youth and young adults in Maryland. Since the task force was informed that young people use whatever drug is readily available including marijuana and cocaine, substance abuse in general is included in the report. The introduction discusses the task force's beliefs and actions. The task force warns that if the issue of adolescent substance abuse is not dealt with effectively now, the financial and emotional costs will be greater in the future. The executive summary lists 31 recommendations in five areas which are further elaborated upon in subsequent sections of the document; these areas are: (1) coordination, cooperation, and implementation of services; (2) public awareness prevention programs; (3) school-based prevention programs; (4) intervention actions by local boards of education, the state legislature, and the governor and legislature; and (5) treatment services which can be affected or created by the governor and state legislature as well as by the Special Office on Substance Abuse. Included in the appendix is a description of the task force's survey process which gathered information on adolescent substance abuse from service providers and advisory groups. (ABL)

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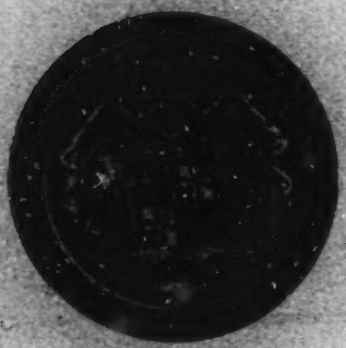
GOVERNOR'S TASK FORCE

ON

ALCOHOL ABUSE BY YOUTH AND YOUNG ADULTS



FINAL REPORT

TO THE GOVERNOR

OCTOBER 31, 1986

State of Maryland

HARRY HUGHES, GOVERNOR

U.S. DEPARTMENT OF EDUCATION
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ON

ALCOHOL ABUSE BY YOUTH AND YOUNG ADULTS

FINAL REPORT

TO THE GOVERNOR

OCTOBER 31, 1986

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Annapolis, Maryland 21404

STATE OF MARYLAND
EXECUTIVE DEPARTMENT
GOVERNOR'S TASK FORCE ON
ALCOHOL ABUSE
BY YOUTH AND YOUNG ADULTS

HARRY HUGHES
GOVERNOR

October 31, 1986

GARY C. COLSTON
CHAIRPERSON
ALTHEA O'CONNOR
VICE CHAIRPERSON

The Honorable Harry Hughes
Governor of Maryland
State House
Annapolis, Maryland 21404

Dear Governor Hughes:

It gives me great pleasure to submit to you the Final Report of the Governor's Task Force on Alcohol Abuse by Youth and Young Adults. On behalf of the Task Force members, I would like to take this opportunity to express our appreciation for granting our extension request. The additional time afforded us the opportunity to gather invaluable information which serves as the backbone of this Report.

The Task Force findings indicate that there is a great deal which can be done to address the problem of alcohol use/abuse by our young people. This Report contains many recommendations which the Task Force believes will combat this crisis facing the young people of Maryland.

On behalf of the Task Force members, I thank you for taking steps toward the elimination of alcohol use/abuse by the young people of our State. We are pleased to have had the opportunity to serve on this Task Force and feel confident that you and the members of the General Assembly will give our recommendations serious attention.

Sincerely,

Gary C. Colston
Chairman

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HOUSE JOINT RESOLUTION No. 42

51r2950 02

By: Delegate Young
Introduced and read first time: February 1, 1985
Assigned to: Environmental Matters

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 15, 1985 SIGNED

RESOLUTION NO. 22 MAY 21 '85

HOUSE JOINT RESOLUTION

BY THE PRESIDENT AND THE SPEAKER

A House Joint Resolution concerning

Alcohol Abuse by Youth - Gubernatorial Task Force

FOR the purpose of requesting the Governor to establish a task force to develop and implement a plan to reduce alcohol abuse by youth and young adults in the State; and directing the task force to consider certain factors and involve certain State and local government agencies and institutions and other individuals in the development of its plan.

WHEREAS, Driving while under the influence of alcoholic beverages is the factor most frequently attributed to highway fatalities and injuries, particularly among youth and young adults; and

WHEREAS, Drinking is a learned behavior, and it is imperative that Maryland's youth and young adults be taught the dangers of drinking and driving; and

WHEREAS, There is a need to develop a program to educate all of the citizens of Maryland, particularly its youth and young adults, about methods of reducing the number of fatalities and injuries resulting from driving while under the influence of alcoholic beverages; and

WHEREAS, An organizational framework to focus the efforts of State and local communities and agencies, together with families, educational institutions, nutritional service organizations and others involved in programs geared to combat drunk driving among the State's youth could be very effective in reducing needless tragedies experienced on the State's highways and the immeasurable suffering among citizens of the State; now therefore, be it

---

EXPLANATION:
Underlining indicates amendments to bill.
~~Strike--out~~ indicates matter stricken by amendment.

RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Governor is requested to establish a task force to develop and implement a comprehensive plan designed to reduce alcohol abuse by youth and young adults in the State; and be it further

RESOLVED, That the task force be strongly encouraged to consider, as components of its recommended plan:

(1) the formation of a school-community advisory council on substance abuse to develop and monitor programs on prevention and treatment of alcohol abuse by young people;

(2) the development of a working procedure for law enforcement involvement and action in stemming alcohol abuse by young people;

(3) the creation of a curriculum in the schools for educating young people about alcohol abuse;

(4) the identification of resources and treatment programs in local communities; and

(5) the provision of in-service training and study for teachers and police; and be it further

RESOLVED, The task force be composed of ~~13~~ 15 members appointed as follows:

(1) 2 members from the Senate of Maryland, appointed by the President of the Senate;

(2) 2 members from the House of Delegates appointed by the Speaker of the House;

(3) a representative, appointed by the Governor, from each of the following agencies:

(i) the State Department of Transportation;

(ii) the State Department of Education;

(iii) the State Department of Health and Mental Hygiene;

(iv) the State Advisory Council on Alcoholism Control;

(v) 3 members representing local governments and local education agencies; and

(vi) ~~2~~ 4 members of the general public representing different regions in the State; and be it further

RESOLVED, That the Governor appoint a chairperson and vice chairperson from the members of the task force; and be it further

RESOLVED, That the task force present a report to the Governor and the General Assembly by July 31, 1986; and be it further

RESOLVED, That staff for the task force be provided jointly by the Maryland Departments of Transportation, Education, and Health and Mental Hygiene; and be it further

RESOLVED, That copies of this Resolution be forwarded to the Honorable Harry Hughes, Governor of Maryland, the Honorable Benjamin L. Cardin, Speaker of the House of Delegates, and the Honorable Melvin A. Steinberg, President of the Senate of Maryland.

Approved:

_____
Governor.

_____
Speaker of the House of Delegates.

_____
President of the Senate.

V. INTRODUCTION

V. Introduction

Available statistics support the Task Force belief that alcohol use and abuse among Maryland youth and young adults are of crisis proportion. This crisis is not unique to Maryland. It stretches across the Country and crosses international borders.

Young people today are using alcohol and other drugs for various reasons. This Task Force was established to investigate alcohol abuse by youth and young adults in Maryland. (Legislative Charge, pages iv-vi.) During its deliberations, the Task Force was informed that many young people use whatever drug is readily available --- alcohol, marijuana, hashish, pills, cocaine, etc. Therefore, the primary focus of this Report is on alcohol but of necessity references other drugs as well. Substance abuse is the commonly used term throughout this Report to refer to the phenomenon of multi-drug use.

Alcohol use by persons under the age of 21 is illegal in Maryland; therefore, any use of alcohol on their part is abuse. Drug use, other than drugs prescribed by a physician, is illegal regardless of age and is considered abusive. The Task Force considers any alcohol use by underage youngsters and excessive use by young adults to be abusive.

In today's society, drug use is considered dangerous by non-users and there is an enormous amount of energy exerted to stop it. However, our society does not place nearly as much emphasis on alcohol use/abuse. Alcohol is a legal substance for a large portion of the population and its use/abuse by young people is often passed off as experimentation. The 1984 Survey of Drug Abuse Among Maryland Adolescents, published by the Maryland Department of Health and Mental Hygiene/ Drug Abuse Administration, showed that the average quantity of alcohol of all types consumed increases with the age of the user. It also reported that "...frequent alcohol users are more likely to use marijuana than other Maryland adolescents." So experimentation with alcohol among youth should be prevented because of its

potential danger.

The Task Force conducted an Unmet Needs Survey (see Appendix A) and heard testimony which described another means of viewing adolescent use of alcohol. Some parents seemed relieved to find that their child is involved with alcohol instead of other drugs. These parents fail to understand that alcohol abuse can be just as dangerous as abuse of other drugs.

The Task Force believes that these prevailing adult attitudes must be challenged and changed if significant progress is to be made in curbing adolescent alcohol abuse. Community awareness programs and media campaigns, much like the drug use campaigns, should be structured to convince parents, teachers, judges, counselors, adolescents, and other members of society that alcohol use by youth must not be tolerated.

In its Interim Report, the Task Force outlined three specific areas of concern. They were prevention, intervention, and treatment. This Final Report examines those three areas as well as the significant issue of communication and coordination among service providers. After submission of its Interim Report in February 1986, the Task Force collected data from various agencies which serve the needs of young people involved with alcohol and/or other drugs. The Task Force was dismayed at the extent to which pertinent data were not available in certain agencies and at the extent to which these agencies do not communicate and cooperate regularly and fully. The Task Force was concerned that issues of State agency, and local responsibilities at times thwarted efforts to address the problem. This Final Report also references the problems caused by the lack of communication and coordination among service providers. It must be noted that some steps have been recently implemented to improve communication and coordination.

This Final Report contains many recommendations which the Task Force believes address the problem of adolescent substance abuse. Although the membership realizes that these recommendations cannot all be implemented immediately, it

urges the Governor and General Assembly to take whatever steps are necessary to make the system function effectively. Current program fragments must be articulated and coordinated; additional steps must be taken. We recognize that many of these recommendations will require additional funding, however, the nature and scope of the problem are sufficiently important to merit a substantial financial commitment by the State. If this issue is not dealt with effectively now the cost will be greater in the future --- not only in terms of dollars but also the incalculable emotional cost to individuals and families in Maryland. Many of the recommendations of this Report are based on long-range goals and are included with the understanding that they may not be immediately feasible; planning for their inclusion should begin immediately.

VI. Executive Summary

The Governor's Task Force on Alcohol Abuse by Youth and Young Adults was established to investigate alcohol abuse by youth and young adults in Maryland. After a full year of deliberations, the Task Force agreed on the following recommendations:

Coordination, Cooperation and Implementation

We urge the Governor and Legislature to:

C-1. Create a Special Office on Substance Abuse. The Office shall serve directly under the Governor and shall have the following authority and responsibilities:

A. Coordinate all substance abuse services provided by existing State agencies in the areas of:

(1) Prevention

(2) Intervention

(3) Treatment

B. Centralize and coordinate information and research:

(1) Extent and effectiveness of all services provided

(2) Behavorial and Physiological Research

(3) Law enforcement and others

C. Serve as an information clearinghouse to all service delivery agencies including:

(1) Prevention, intervention and treatment

(2) Judicial System

(3) Law enforcement

(4) General Assembly

C-2. Advise all Cabinet heads of the creation and role of the Special Office on Substance Abuse and mandate their compliance with directives from that Office.

C-3. Encourage each county government to develop a Coordinating Council on Youth and Substance Abuse, including representatives from public schools, the health department, law enforcement, and the community at large, which shall cooperate in such matters as substance abuse policy development, staff training, student counseling and treatment.

Prevention - Public Awareness Programs (PA)

A major, underlying goal in the prevention effort is to heighten public awareness. The Task Force recommends that the Governor's Special Office on Substance Abuse:

PA-1. Develop a major media campaign to increase awareness of families, communities, and public figures.

PA-2. Design and fund a comprehensive Statewide program of alternative alcohol/drug free activities for youth which can be utilized in various community settings.

PA-3. Provide and disseminate guidelines for early identification of and counseling for "high risk" youth to prevent or delay their alcohol/drug use.

Prevention - School Programs (SP)

The Task Force recommends that the State Board of Education:

SP-1. Require health education in Grades 3-5, with 20% of the curriculum/instruction devoted specifically to drugs/alcohol.

SP-2. Require health education at Grade 7 and/or 8, with a minimum of 25% of the curriculum/instruction devoted specifically to drugs/alcohol.

SP-3. Require a semester course for graduation credit in health education at Grade 9 and/or 10, with 20% of the curriculum/instruction devoted specifically to drugs/alcohol.

SP-4. Require high school electives in health education with specific curriculum/instruction devoted to drugs/alcohol.

SP-5. Require a three-credit undergraduate course in health education of all undergraduates enrolled in teacher education programs in Marvland colleges and universities with a minimum of 20% of the course devoted to substance abuse and the ways it relates to other adolescent health problems/issues.

SP-6. Establish a 45-hour drug/alcohol course for recertification of all current public school educators, (including all central office and school administrators), and as a part of staff development at least every five years for such other school staff as bus drivers, aides, nurses, pupil service workers, volunteers, coaches, etc.

SP-7. Assure compliance by all L.E.A.'s with State laws, by-laws, and policies through regular, periodic reviews of local school system drug and alcohol programs and curricula and develop and impose sanctions for non-complaince.

SP-8. Fund and support expansion of local educational initiatives such as M.A.D.A.R.T. and S.H.O.P.

SP-9. Encourage and support development of Employee Assistance Programs in each L.E.A.

SP-10. Encourage L.E.A.'s to fund and support direct and active involvement of youth in such organizations such as S.A.D.D., S.H.O.P., and Student Assistance Programs.

The Task Force recommends that the State Department of Health and Mental Hygiene:

SP-11. Receive and make available additional funding for training and involvement of youth in substance abuse prevention.

SP-12. Continue the bi-annualcollection of data and publication of the results of the Survey of Drug Abuse Among Maryland Adolescents with funds provided by the State and mandatory participation by each county.

Intervention

The Task Force recommends that each local Board of Education:

I-1. Mandate that any student suspended or expelled for alcohol/drug use be referred to and complete appropriate counseling and/or treatment.

I-2. Develop and implement an adequately-staffed assistance program for employees experiencing alcohol/drug related problems.

The Task Force recommends that the Legislature:

I-3. Review the legality and strengthen the Public school Laws of Maryland, 6-109 and 7-410.

I-4. Change existing laws to specify civil immunity for teachers and educational personnel who act in good faith regarding the suspected illegal possession, use or sale of alcohol/drugs by a student on school property.

The Task Force recommends that the Governor and Legislature:

I-5. Increase support for State and local law enforcement efforts to control the flow of illegal alcohol/drugs.

I-6. Provide funds to local school systems for Certified Addictions Counselors and other professionals trained in adolescent substance abuse to work directly with students in public schools.

Treatment

The basic recommendation of the Task Force in the treatment area is to establish a coordinated effort which recognizes the need for the entire spectrum of treatment and for a strong emphasis on family involvement. For this reason, the Task Force recommends that the Governor and Legislature:

T-1. Direct the appropriate agencies to review the C.O.N. process for adolescent alcohol beds in time for legislation during the 1987 legislative session.

T-2. Fund comprehensive outpatient adolescent treatment programs which permit adolescents to remain in school/work during the treatment period.

T-3. Provide funding for adequate detoxification and residential treatment beds designed for youth (45-60 days) and provide State funds as necessary.

T-4. Provide funding for adequate substance abuse group homes (six months or longer) and aftercare programs with extensive family involvement and provide State funds as necessary.

That the Special Office on Substance Abuse:

T-5. Develop and implement special training programs in adolescent substance abuse for social workers, J.S.A. youth workers, educators, and local, county and State law enforcement officers.

T-6. Develop and implement programs which provide training in and treatment for the multiple-diagnosed adolescent.

T-7. Develop comprehensive treatment services for incarcerated juvenile offenders with the J.S.A. providing regular accountability.

VII. Services

A. Coordination, Cooperation and Implementation

This Report contains recommendations on ways to improve and expand existing services for alcohol-involved youth. It is important to state that some very good programs and services exist in Maryland which should continue to be utilized and to be used more effectively. Effective community programs such as S.M.A.R.T. and M.A.D.A.R.T., for example, are being used successfully in a number of areas around the State and should be expanded.

Perhaps more important than this need to expand current services is that the Task Force is concerned that State, county, and local agencies dealing with the issue of adolescent substance abuse must communicate and coordinate more effectively and regularly.

The inefficiency and ineffectiveness caused by such poor communication and coordination thwart the overall effort to address the problem of alcohol use and abuse among youth and young adults.

For example, the Task Force began to collect data --- specifically seeking comprehensive information about what treatment facilities, both residential and outpatient, in Maryland accept adolescents and other related information. Unable to obtain the data from State agencies such as Juvenile Services Administration (JSA), Alcoholism Control Administration (ACA), and Drug Abuse Administration (DAA), the Task Force requested that A.C.A. research and provide specific data on treatment. The small staff for that agency ultimately provided information which was directly related to A.C.A. Since no single department or agency serves as a clearinghouse for all data from related public and private agencies, the Task Force had much difficulty in getting a complete view of beds and treatment facilities presently available or needed.

The Task Force is convinced that the effectiveness of State and local agencies can best be promoted through effective top-level coordination of their

separate efforts.

The Task Force has three specific recommendations which it considers essential to effective coordination for and delivery of services. We urge the Governor and Legislature to:

C-1. Create a Special Office on Substance Abuse. The Office shall serve directly under the Governor and shall have the following authority and responsibilities:

A. Coordinate all substance abuse services provided by existing State agencies in the areas of:

(1) Prevention

(2) Intervention

(3) Treatment

B. Centralize and coordinate information and research:

(1) Extent and effectiveness of all services provided

(2) Behavorial and Physiological Research

(3) Law enforcement and others

C. Serve as an information clearinghouse to all service delivery agencies including:

(1) Prevention, intervention, and treatment

(2) Judicial system

(3) Law enforcement

(4) General Assembly

This Special Office on Substance Abuse should be staffed with experts in the areas of alcohol and drug abuse. In addition, it should have at least one expert in juvenile/adolescent substance abuse.

C-2. Advise all Cabinet heads of the creation and role of the Special Office on Substance Abuse and mandate their compliance with directives from that Office.

C-3. Encourage each county government to develop a Coordinating Council on Youth and Substance Abuse, including representatives from public schools, the health department, law enforcement, and the community at large, which shall cooperate in such matters as substance abuse policy development, staff training, student counseling and treatment.

VII. Services

B. Prevention

Prevention is a key to resolving the substance abuse problem facing the majority of young people. A young person who tries alcohol will most likely use it again. Alcohol is considered a "gateway drug," and use of it often precedes use of other drugs. For this reason, successful efforts to preclude or delay alcohol use should preclude or delay use of other drugs.

Because of the wide acceptance of alcohol in this culture, it is imperative that attitudes/behaviors related to alcohol use be taught and reinforced in the home. Parents must teach their underage children that any alcohol use is harmful and must serve as appropriate role models. Prevention begins at home, then extends to the school and community. This focus enables stress on prevention wherever the adolescent goes. Because of the importance of prevention, the Task Force makes several recommendations.

Public Awareness Programs (PA)

A major, underlying goal in the prevention effort is to heighten public awareness. The Task Force recommends that the Governor's Special Office on Substance Abuse:

PA-1. Develop a major media campaign to increase awareness of families, communities, and public figures.

The current media stress on drunk driving frequently omits the discouragment from drinking at all. The Task Force urges that the message "Don't Drink and Drive" be expanded to include such messages as "Youth, Don't Drink," or the NIAAA stress on "Be Smart, Don't Start." This is particularly important since drinking is illegal prior to age 21.

PA-2. Design and fund a comprehensive Statewide program of alternative alcohol/drug free activities for youth which can be utilized in

various community settings.

Many civic groups are involved in providing these services. These efforts should be expanded with funding assistance provided by State and local governments.

PA-3. Provide and disseminate guidelines for early identification of and counseling for "high risk" youth to prevent or delay their alcohol/drug use.

The Task Force heard a great deal of testimony on the special problems of many young people in the "high risk" category. Adolescents whose parents/grandparents are alcohol-dependent are considered "high risk," for example, because statistics show that these young people are more likely to be alcohol-dependent if they become users.

School Programs (SP)

Prevention in the school systems is an effective means of alerting our young people to the dangers of becoming involved with alcohol and other drugs. Currently, the only Statewide requirement for drug/alcohol education is in P.L. 7-409 and P.L. 7-411. The Task Force recommends that the Maryland State Board of Education:

SP-1. Require health education in Grades 3-5, with 20% of the curriculum/instruction devoted specifically to drugs/alcohol.

SP-2. Require health education at Grade 7 and/or 8, with a minimum of 25% of the curriculum/instruction devoted specifically to drugs/alcohol.

SP-3. Require a semester course for graduation credit in health education at Grade 9 and/or Grade 10, with 20% of the curriculum/instruction devoted specifically to drugs/alcohol.

SP-4. Require high school electives in health education with specific curriculum/instruction devoted to drugs/alcohol.

SP-5. Require a three-credit undergraduate course in health education to

be required of all undergraduates enrolled in teacher education programs in Maryland colleges and universities with a minimum of 20% of the course devoted to substance abuse and the ways it relates to other adolescent health problems/issues.

SP-6. Establish a 45-hour drug/alcohol course for recertification of all current public school educators, (including all central office and school administrators), and as a part of staff development at least every five years for such other school staff as bus drivers, aides, nurses, pupil service workers, volunteers, coaches,etc.

SP-7. Assure compliance by all L.E.A.'s with State laws, by-laws, and policies through regular, periodic reviews of local school system drug and alcohol programs and curricula and develop and impose sanctions for non-compliance.

SP-8. Fund and support expansion of local educational initiatives such as M.A.D.A.R.T. and S.H.O.P.

SP-9. Encourage and support development of Employee Assistance Programs in each L.E.A.

SP-10. Encourage L.E.A.'s to fund and support direct and active involvement of youth in such organizations such as S.A.D.D., S.H.O.P., and Student Assistance Programs.

The Task Force recommends that the State Department of Health and Mental Hygiene:

SP-11. Receive and make available additional funding for training and involvement of youth in substance abuse prevention.

SP-12. Continue the bi-annualcollection of data and publication of the results of the Survey of Drug Abuse Among Maryland Adolescents. with funds provided by the State and mandatory participation by each county.

VII. Services

C. Intervention

Timely and effective intervention is critical if young people experimenting with alcohol and other drugs are to avoid the progression to addiction. Early identification and intervention must take place in groups throughout society; the home, school, churches and synagogues, sports organizations, etc. For this reason, appropriate training must be provided for adult models; parents, educators, coaches, community group leaders, law enforcement officers, judges, etc. In particular, the Task Force feels strongly that the Judicial Branch become involved in training programs because a judge is in a crucial position to identify substance abuse of young people who are charged with crimes and to mandate appropriate remediation. For these reasons, the Task Force recommends that each local Board of Education:

I-1. Mandate that any student suspended or expelled for alcohol/drug use be referred to and complete appropriate counseling and/or treatment.

I-2. Develop and implement an adequately-staffed assistance program for employees experiencing alcohol/drug related problems.

The Task Force recommends that the Legislature:

I-3. Review the legality and strengthen the Public School Laws of Maryland, 6-109 and 7-410.

I-4. Change existing laws to specify civil immunity for teachers and educational personnel who act in good faith regarding the suspected illegal possession, use or sale of alcohol/drugs by a student on school property.

The Task Force recommends that the Governor and Legislature:

I-5. Increase support for State and local law enforcement efforts to control the flow of illegal alcohol/drugs.

I-6. Provide funds to local school systems for Certified Addictions Counselors and other professionals trained in adolescent substance abuse to work directly with students in public schools.

VII. Services

D. Treatment

Earlier in this Report, the Task Force established the need for a comprehensive prevention-intervention-treatment program to serve alcohol/drug-involved youth. The treatment phase alone requires attention to client needs for outpatient treatment, residential treatment and aftercare. At the present time, each of these treatment components lacks adequate funding. Further, little, if any, aggressive outreach exists. Even in the absence of aggressive outreach, treatment programs are overextended. One requirement which may delay the development of much needed programs and facilities is that of the Certificate of Need (C.O.N.)

The Task Force questions the need for this requirement when it is not required for treatment of drug abuse. Removal of this requirement may facilitate the access of adolescents to appropriate treatment programs.

The basic recommendation of the Task Force in the treatment area is to establish a coordinated effort which recognizes the need for the entire spectrum of treatment and for a strong emphasis on family involvement. For this reason the Task Force recommends that the Governor and Legislature:

T-1. Direct the appropriate agencies to review the C.O.N. process for adolescent alcohol beds in time for legislation during the 1987 session.

T-2. Fund comprehensive outpatient adolescent treatment programs which permit adolescents to remain in school/work during the treatment period.

T-3. Provide funding for adequate detoxification and residential treatment beds designed for youth (45-60 days) and provide State funds as necessary.

T-4. Provide funding for adequate substance abuse group homes (six months or longer) and aftercare programs with extensive family involvement and provide State funds as necessary.

That the Special Office on Substance Abuse:

T-5. Develop and implement special training programs in adolescent substance abuse for social workers, J.S.A. youth workers, educators, and local, county and State law enforcement officers.

T-6. Develop and implement programs which provide training in and treatment for the multiple-diagnosed adolescent.

T-7. Develop comprehensive treatment services for incarcerated juvenile offenders with the J.S.A. providing regular accountability.

VIII. Acknowledgment

The Task Force wishes to take this opportunity to acknowledge the Maryland Bar Association's Special Committee on Adolescent Alcoholism Addiction and Alcohol and Drug Abuse for their interest and hard work in the area of adolescent alcohol and drug abuse. Their recent publication, "Harmfully Involved - Maryland Youth in Crisis" was of great assistance to this Task Force and their willingness to share information and brainstorm with our members is greatly appreciated.

The Task Force also wishes to thank the Alcoholism Control Administration for its extraordinary efforts to collect data and for its responsiveness to the requests of our members.

The Task Force wishes to thank the State Department of Education, the State Department of Transportation and the State Department of Health and Mental Hygiene for their cooperation and assistance.

The Task Force had a unique opportunity to meet with two youngsters who had been involved with alcohol and had been through various types of treatment. Their testimony was most helpful to the Task Force and provided the members with a much needed perspective. Our sincerest appreciation to David, and his father John, and Bobby, and his mother Susanne, for their willingness to share with the Task Force their personal and private experiences.

IX. APPENDIXES

APPENDIX A

"UNMET NEEDS" SURVEY

APPENDIX A

"Unmet Needs" Survey

Early in its study the Task Force decided that it was critical to contact public and private service providers and advisory groups around the State and draw on their first-hand experience. The survey was sent to those individuals who are either studying the issue of alcohol abuse or working with young people with alcohol-related problems on a daily basis.

The survey was quite successful in many ways. Many responses indicated that the respondents were pleased to have the opportunity to have input and share their knowledge. Their responses indicated, for the most part, a great deal of thought and their recommendations were quite helpful.

The "Unmet Needs" Survey reflected concurrance of respondents in the need to:

1. Provide training of school personnel in identification, intervention, and referral techniques of alcohol-involved youth;
2. Implement earlier and stronger alcohol education programs and curriculum in both elementary and secondary schools;
3. Establish local Board of Education policies regarding the use and abuse of alcohol, including provisions for assessment and referral of any youth suspended or expelled for alcohol involvement;
4. Develop training programs for Juvenile Services Administration and Department of Social Services personnel in early identification, intervention, and referral techniques for alcohol-involved youth;
5. Provide a strong family counseling emphasis in all alcohol treatment programs for youth;
6. Provide more State-funded homes (six months or longer) and aftercare

programs with extensive family involvement and outreach; and, most frequently,

7. Provide more State-funded detoxification and residential treatment facilities designed for youth (45-60 days.)

Later discussion and testimony reinforced these concerns, causing the Task Force to endorse these recommendations, with the strong belief that the survey respondents are some of the best equipped individuals in the State to make constructive recommendations. Their association with alcohol-involved youth gives them special insight about the needs of these young people.

The survey indicated that the Task Force's intended approach of examining prevention, intervention, and treatment was the right path to pursue. Each area appeared to be needing important additions with improved coordination.

APPENDIX B

LIST OF INDIVIDUALS WHO APPEARED BEFORE THE TASK FORCE

APPENDIX B

List of Individuals Who Appeared Before the Task Force

Ms. Darlind Davis, Department of Education

Mr. Jack Dellastatious, Howard County educator

Mr. Carroll Gray, Gray & Associates - Anheuser Busch Companies, Inc.

Mr. Dick Hamilton, Acting Director, Juvenile Services Administration

Sgt. Al Lebano, Maryland State Police

Lt. William LeFevre, Maryland State Police

Mr. Ron Lipps, Transportation Safety Division, Department of Transportation

Ms. Gloria Merriam, Alcoholism Control Administration

Mr. John Reusing, Washington County

Mr. Bill Rusinko, Drug Abuse Administration

Valerie L. Siegel, Attorney at Law

Ms. Doris Terry, Department of Education (retired)

Ms. Vicky Whitlock, Motor Vehicle Administration

Bobby and his mother, Susanne

David and his father, John